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| apter you are filing under:                |
|--|
| Chapter 7                                  |
| Chapter 11                                 |
| Chapter 12                                 |
| Chapter 13 Check if this an amended filing |
| c  |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify   | Yourself                    |   |   |
|-----|---|-----------------------------|---|---|
|     |   |                             | About Debtor 1:                               | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full nam   | ne                          |   |   |
|     | Write the nam<br>your governm<br>picture identifi   | ent-issued<br>cation (for   | William First name                            | First name                                    |
|     | example, your<br>license or pas   |                             | Middle name                                   | Middle name                                   |
|     | Bring your pic identification to meeting with to  | o your                      | Park Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other nam   |                             |   |   |
|     | Include your n<br>maiden name   |                             |   |   |
| 3.  | Only the last<br>your Social S<br>number or fe<br>Individual Ta<br>Identification<br>(ITIN) | Security<br>deral<br>xpayer | xxx-xx-0393                                   |   |

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Case number (if known)

Debtor 1 William Park

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |
|    |   | 201 Vernon Drive Bolingbrook, IL 60440  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Will  | Cause  |
|    |   | County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |   |   |  |

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Case number (if known) Debtor 1 William Park

| Par | Tell the Court About   | our Ban   | kruptcy Ca     | se   |             |                       |                          |                              |
|-----|--|---|----------------|--|-------------|-----------------------|--------------------------|------------------------------|
| 7.  | The chapter of the Bankruptcy Code you are   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                |  |             |                       |                          |                              |
|     | choosing to file under   | □ Chapter 7   |                |  |             |                       |                          |                              |
|     |  | ☐ Cha   | pter 11        |  |             |                       |                          |                              |
|     |  | ☐ Cha   | pter 12        |  |             |                       |                          |                              |
|     |  | ■ Cha   | pter 13        |  |             |                       |                          |                              |
|     | Henry year will may the fee  |   | مطه برمج النبي | antina faa ushan I fila muu m  | atition Di  |                       | a alaulda affica in unuu |                              |
| 8.  | How you will pay the fee   | al<br>oı  | bout how yo    | entire fee when I file my per<br>u may pay. Typically, if you a<br>attorney is submitting your paraddress. | re paying   | the fee yourself, yo  | ou may pay with cash     | n, cashier's check, or money |
|     |  |   |                | the fee in installments. If ye in Installments (Official For   |             | e this option, sign a | and attach the Applica   | ation for Individuals to Pay |
|     |  |   | request tha    | t my fee be waived (You ma   | ay request  |                       |                          |                              |
|     |  | a   | oplies to you  | uired to, waive your fee, and<br>ur family size and you are una<br>on to Have the Chapter 7 Filir          | able to pay | the fee in installm   | ents). If you choose     |                              |
| 9.  | Have you filed for bankruptcy within the last 8 years?   | □ No. ■ Yes.  |                |  |             |                       |                          |                              |
|     | lust o years.  | <b>—</b> 163.   |                | Northern District of   |             |                       |                          |                              |
|     |  |   | District       | Illinois   | When        | 6/14/17               | Case number              | 17-18120                     |
|     |  |   | District       | -  | When        |                       | Case number              |                              |
|     |  |   | District       |  | _ When      |                       | Case number              |                              |
| 10. | Are any bankruptcy   | ■ No  |                |  |             |                       |                          |                              |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.  |                |  |             |                       |                          |                              |
|     |  |   | Debtor         |  |             |                       | Relationship to y        | ou                           |
|     |  |   | District       |  | _ When      |                       | Case number, if          | known                        |
|     |  |   | Debtor         |  |             |                       | Relationship to y        | ou                           |
|     |  |   | District       |  | _ When      |                       | Case number, if          | known                        |
| 11. | Do you rent your residence?  | ■ No.   | Go to li       | ine 12.  |             |                       |                          |                              |
|     | residence :  | ☐ Yes.  | Has yo         | ur landlord obtained an evict  | ion judgm   | ent against you?      |                          |                              |
|     |  |   |                | No. Go to line 12.   |             |                       |                          |                              |
|     |  |   |                | Yes. Fill out <i>Initial Statement</i> bankruptcy petition.  | t About ar  | n Eviction Judgmen    | t Against You (Form      | 101A) and file it with this  |

| Deb | otor 1 William Park  |                         |                  | Document   | Page 4 of 49           | Case number (if known)  |
|-----|--|-------------------------|------------------|--|------------------------|---|
|     |  |                         |                  |  |                        |   |
| Par | t 3: Report About Any  | Businesses              | You Own          | as a Sole Proprietor   |                        |   |
| 12. | Are you a sole propriet of any full- or part-time business?  |                         | Go to            | Part 4.  |                        |   |
|     |  | ☐ Yes.                  | Name             | and location of business                                       |                        |   |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | a                       |                  | of business, if any  |                        |   |
|     | If you have more than on<br>sole proprietorship, use a<br>separate sheet and attac   | a                       | Numb             | er, Street, City, State & ZIP                                  | Code                   |   |
|     | it to this petition.   |                         |                  | the appropriate box to desc                                    | •                      |   |
|     |  |                         |                  | Health Care Business (as                                       |                        | - ' '/  |
|     |  |                         |                  | Single Asset Real Estate (                                     |                        |   |
|     |  |                         |                  | Stockbroker (as defined in                                     | ,                      | ,,  |
|     |  |                         |                  | Commodity Broker (as def                                       | ined in 11 U.S.C. § 10 | 01(6))  |
|     |  |                         |                  | None of the above  |                        |   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and a<br>you a small business<br>debtor?  | deadlines are operation | s. If you in     | dicate that you are a small to<br>by statement, and federal in | ousiness debtor, you r | are a small business debtor so that it can set appropriate must attach your most recent balance sheet, statement of any of these documents do not exist, follow the procedure |
|     | For a definition of small  | ■ No.                   | I am n           | ot filing under Chapter 11.                                    |                        |   |
|     | business debtor, see 11 U.S.C. § 101(51D).   | □ No.                   | I am fi<br>Code. | ling under Chapter 11, but I                                   | am NOT a small busi    | iness debtor according to the definition in the Bankruptcy  |
|     |  | ☐ Yes.                  | I am fi          | ling under Chapter 11 and I                                    | am a small business    | debtor according to the definition in the Bankruptcy Code.  |
| Par | t 4: Report if You Own   | or Have Any             | Hazardo          | us Property or Any Prope                                       | rty That Needs Imme    | ediate Attention  |
| 14. | Do you own or have an  | y <b>■</b> No.          |                  |  |                        |   |
|     | property that poses or alleged to pose a threat  | IS                      |                  |  |                        |   |
|     | of imminent and identifiable hazard to   |                         | What is t        | he hazard?   |                        |   |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?   | ·                       |                  | iate attention is why is it needed?                            |                        |   |
|     | For example, do you own perishable goods, or   | 1                       |                  |  |                        |   |

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 William Park

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Case number (if known)

\_\_\_\_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 William Park  |   | Document  | Case nu   | ımber (if known)  |
|------|---|---|---|---|---|
| Part | 6: Answer These Questi  | ions for Rep                                | orting Purposes   |   |   |
|      | What kind of debts do you have?   | 16a. <b>A</b>                               |   |   | defined in 11 U.S.C. § 101(8) as "incurred by an  |
|      |   |   | No. Go to line 16b.   |   |   |
|      |   |   | Yes. Go to line 17.   |   |   |
|      |   |   | re your debts primarily busines noney for a business or investmen         |   |   |
|      |   |   | No. Go to line 16c.   |   |   |
|      |   |   | Yes. Go to line 17.   |   |   |
|      |   | 16c. S                                      | tate the type of debts you owe tha  | at are not consumer debts or bu   | siness debts  |
| 17.  | Are you filing under<br>Chapter 7?  | ■ No.                                       | am not filing under Chapter 7. Go   | to line 18.   |   |
|      | Do you estimate that after any exempt property is excluded and                          |   | am filing under Chapter 7. Do you<br>re paid that funds will be available |   | property is excluded and administrative expenses tors?  |
|      | administrative expenses   |   | ] No  |   |   |
|      | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |   | ] Yes   |   |   |
| 18.  | How many Creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999 |   | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |
| 19.  | How much do you estimate your assets to be worth?                                       |   |   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20.  | How much do you estimate your liabilities to be?  |   |   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Part | 7: Sign Below   |   |   |   |   |
| For  | you   | I have exam                                 | nined this petition, and I declare un                                     | nder penalty of perjury that the i  | nformation provided is true and correct.  |
|      |   | United State  If no attorned document, I    | es Code. I understand the relief av                                       | vailable under each chapter, and vor agree to pay someone who be required by 11 U.S.C. § 342(b)                           | ,   |
|      |   |   | case can result in fines up to \$250                                      |   | ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,                            |
|      |   | William Pa<br>Signature o                   |   | Signature of D  | ebtor 2   |
|      |   | Executed or                                 | MM / DD / YYYY  | Executed on   | MM / DD / YYYY  |
|      |   |   |   |   |   |

Debtor 1 William Park

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Matthew C. Baysinger               | Date          | January 25, 2018 |
|--|---------------|------------------|
| Signature of Attorney for Debtor       | <del></del>   | MM / DD / YYYY   |
| Matthew C. Baysinger                   |               |                  |
| Printed name                           |               |                  |
| Law Offices Of Matthew R. Wildermuth   |               |                  |
| Firm name                              |               |                  |
| 1900 West 75th Street                  |               |                  |
| Woodridge, IL 60517                    |               |                  |
| Number, Street, City, State & ZIP Code |               |                  |
| Contact phone (630) 967-0653           | Email address |                  |
| 6291384                                |               |                  |
| Bar number & State                     |               |                  |

|                     |                          | DUCUITE           | TIL FAUE 0 01 43 |                                      |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                                      |
| Debtor 1            | William Park             |                   |                  |                                      |
|                     | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2            |                          |                   |                  |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number         |                          |                   |                  |                                      |
| (if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | ssets<br>of what you own         |
|-----|--|-------------|----------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 178,528.00                       |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 36,611.00                        |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 215,139.00                       |
| Pai | t 2: Summarize Your Liabilities  |             |                                  |
|     |  |             | i <b>abilities</b><br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 213,996.29                       |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 6,176.68                         |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 265.00                           |
|     | Your total liabilities   | \$          | 220,437.97                       |
| Paı | t 3: Summarize Your Income and Expenses  |             |                                  |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 5,835.39                         |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,499.80                         |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |             |                                  |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                         |
| 7.  | ■ Yes What kind of debt do you have?   |             |                                  |

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 William Park

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |                |
|----|--|----------------|
| ٠. | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$<br>4,788.64 |
|    |  |                |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | claim    |
|--|-------|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 6,176.68 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 6,176.68 |

|                              |   | Case 18-  | 02141                                | L Doc 1  | Filed 0:<br>Docu                | 1/25/18<br>ment                            | Entered 01/25/1<br>Page 10 of 49  | 8 11:31:41                        | Desc         | Main   |
|------------------------------|---|---|--------------------------------------|--|---------------------------------|--|---|-----------------------------------|--------------|--|
| FIII                         | in this in  | formation to  | identify                             | your case and t  | this filing:                    |  |   |                                   |              |  |
| Deb                          | otor 1  | Willia<br>First Nam   | m Park                               |  | lle Name                        |  | Last Name   |                                   |              |  |
|                              | otor 2<br>use, if filing)                           | First Nam   | ne                                   | Midd   | lle Name                        |  | Last Name   |                                   |              |  |
| Uni                          | ted States  | s Bankruptcy C  | Court for                            | the: NORTHE  | RN DISTRI                       | CT OF ILLIN                                | IOIS  |                                   |              |  |
| Cas                          | se numbe  | r   |                                      |  |                                 |  | -   |                                   |              | Check if this is an amended filing   |
| _                            |   | Form 10<br>ule A/E  |                                      | operty   |                                 |  |   |                                   |              | 12/15  |
| n ea<br>hink<br>nfor<br>insv | ch catego<br>it fits bes<br>mation. If<br>ver every | ry, separately li<br>t. Be as compl<br>more space is i<br>question. | ist and de<br>ete and a<br>needed, a | escribe items. List<br>accurate as possik<br>attach a separate s | ole. If two ma<br>sheet to this | arried people<br>form. On the              | n asset fits in more than one<br>are filing together, both are<br>top of any additional pages<br>n or Have an Interest In | equally responsibl                | le for suppl | category where you ying correct  |
|                              | Yes. Wh   | ere is the proper   | ty?                                  |  |                                 |  |   |                                   |              |  |
| 1.1                          | 201 Va  | rnon Drive  |                                      |  |                                 |  | ? Check all that apply  |                                   |              |  |
|                              |   | ress, if available, or  | r other desc                         | cription   |                                 | Single-family h Duplex or mult Condominium |   | the amount of any                 | secured cla  | s or exemptions. Put<br>aims on <i>Schedule D:</i><br>Secured by Property. |
|                              | Boling  | brook   | IL                                   | 60440-0000   |                                 | Manufactured of and                        | or mobile home  | Current value of entire property? | р            | Current value of the cortion you own?                                      |
|                              | City  |   | State                                | ZIP Code   |                                 | nvestment pro<br>imeshare                  | perty   | \$178,52                          | 8.00_        | \$178,528.00   |
|                              |   |   |                                      |  | □ C<br>Who ha                   | Other                                      | in the property? Check one  |                                   | ple, tenanc  | ownership interest<br>by by the entireties, or                             |
|                              | Will  |   |                                      |  |                                 | Debtor 2 only                              |   |                                   |              |  |
|                              | County  |   |                                      |  |                                 |  | Debtor 2 only the debtors and another but wish to add about this iter   | (see instruction                  |              | nity property  |
|                              |   |   |                                      |  | property                        | y identificatio                            | on number:  |                                   |              |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$178,528.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Lincoln Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: MKS ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2014 Year: Debtor 2 only Current value of the Current value of the 64000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$25,291.00 \$25,291.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **BMW** 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: SUV Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2005 Debtor 2 only Year: Current value of the Current value of the 100000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$7,290.00 \$7,290.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Jaguar Who has an interest in the property? Check one 3.3 Make: the amount of any secured claims on Schedule D: J-Type Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2005 Year: Debtor 2 only Current value of the Current value of the 180000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$3,730.00 \$3,730.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$36,311.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$200.00 **Basic furniture** 

7. Electronics

Debtor 1

William Park

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

| D  | ebtor 1  | William Park   | Document Document   | Page 12 of 49 Case number (if k                                 |   |
|----|--|--|---|---|---|
|    | ☐ Yes.   | Describe   |   |   |   |
| 8. | Exampl   | bles of value<br>es: Antiques and figurines; painti<br>other collections, memorabilia              |   | oks, pictures, or other art objects; stamp                      | o, coin, or baseball card collections;  |
|    | ■ No<br>□ Yes.   | Describe   |   |   |   |
| 9. | Exampl   | ent for sports and hobbies<br>es: Sports, photographic, exercis<br>musical instruments             | e, and other hobby equipment;                                       | picycles, pool tables, golf clubs, skis; ca                     | anoes and kayaks; carpentry tools;  |
|    | ■ No<br>□ Yes.   | Describe   |   |   |   |
| 10 | ■ No   | ns  oles: Pistols, rifles, shotguns, amr  Describe   | munition, and related equipment                                     |   |   |
| 11 | □ No ·   | <b>s</b> bles: Everyday clothes, furs, leath  Describe   | ner coats, designer wear, shoes,                                    | accessories   |   |
|    |  | Basic clothi   | ng  |   | \$100.00  |
| 13 | ■ No □ Yes.  B. Non-fa Examp ■ No □ Yes.  Control ■ No □ Yes.  Roy Ott | Diles: Everyday jewelry, costume j Describe  rm animals biles: Dogs, cats, birds, horses  Describe |   | ding rings, heirloom jewelry, watches, g                        |   |
| 1  |  | the dollar value of all of your er<br>art 3. Write that number here                                | · · · · · · · · · · · · · · · · · · ·                               | ny entries for pages you have attache                           | \$300.00  |
| Р  | art 4: De  | scribe Your Financial Assets   |   |   |   |
| D  | o you ov   | vn or have any legal or equitab  | le interest in any of the follow                                    | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | ■ No   | oles: Money you have in your wal   |   | osit box, and on hand when you file you                         | r petition  |
| 17 |  | its of money ples: Checking, savings, or other institutions. If you have mult                      | financial accounts; certificates of iple accounts with the same ins | of deposit; shares in credit unions, broke titution, list each. | erage houses, and other similar   |

Official Form 106A/B Schedule A/B: Property page 3

Institution name:

☐ Yes.....

Case 18-02141 Doc 1 Filed 01/25/18 Entered 01/25/18 11:31:41 Desc Main Document Page 13 of 49 Case number (if known) Debtor 1 William Park 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$0.00 Pension Pension from PACE 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

Irusi ■ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Case 18-02141 Doc 1 Filed 01/25/18 Entered 01/25/18 11:31:41 Desc Main Document Page 14 of 49 Case number (if known) Debtor 1 William Park 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No  $\hfill\square$  Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

35. Any financial assets you did not already list No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$0.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

for Part 4. Write that number here.....

37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6.

☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7:

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| \$0.00       |
|--------------|
|              |
| \$178,528.00 |
|              |
|              |
|              |
|              |
|              |
|              |
|              |

\$36,611.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

62. Total personal property. Add lines 56 through 61...

\$215,139.00

\$36,611.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

|                               | •  |  | Document  | F                        | Page 16 of 49  | 2000 mam  |
|-------------------------------|--|--|---|--------------------------|--|---|
| Filli                         | n this inform  | nation to identify your  |   |                          |  |   |
| Deb                           | tor 1  | William Park   |   |                          |  |   |
| Dob                           | tor 2  | First Name   | Middle Name   | L                        | ast Name   |   |
|                               | tor 2<br>ise if, filing)   | First Name   | Middle Name   | L                        | ast Name   |   |
| Unit                          | ed States Bar  | nkruptcy Court for the:  | NORTHERN DISTRICT OF I  | LLIN                     | OIS  |   |
| Case<br>(if kno               | e number   |  |   |                          |  | ☐ Check if this is an amended filing  |
| Sc                            | hedule   |  | pperty You Cla  |                          | •  | 4/16  |
| he p                          | roperty you lis  | sted on <i>Schedule A/B: P</i><br>d attach to this page as r                 | roperty (Official Form 106A/B)  | as yo                    | our source, list the property that you   | or supplying correct information. Using claim as exempt. If more space is additional pages, write your name and   |
| spec<br>any a<br>iund<br>exem | ific dollar an<br>applicable sta<br>s—may be u<br>aption to a pa | nount as exempt. Alter<br>atutory limit. Some exe<br>nlimited in dollar amou | natively, you may claim the fu<br>emptions—such as those for<br>int. However, if you claim an | ull fai<br>healt<br>exen | ir market value of the property be<br>th aids, rights to receive certain b<br>option of 100% of fair market valu | One way of doing so is to state a ing exempted up to the amount of penefits, and tax-exempt retirement the under a law that limits the t, your exemption would be limited |
| Part                          | 1: Identif   | y the Property You Cla   | im as Exempt  |                          |  |   |
|                               |  |  | aiming? Check one only, ever  | n if vo                  | ur spouse is filing with you.  |   |
|                               | _  |  | nonbankruptcy exemptions. 1   |                          |  |   |
|                               | _  | 9  | ns. 11 U.S.C. § 522(b)(2)   |                          | 3.0.3 022(8)(0)  |   |
|                               |  |  | ule A/B that you claim as exe   | mnt                      | fill in the information below  |   |
| ı                             | Brief description  | on of the property and line  | on Current value of the   |                          | ount of the exemption you claim  | Specific laws that allow exemption  |
| •                             | Scriedule A/B  | mat lists this property  | portion you own  Copy the value from  Schedule A/B  | Che                      | ck only one box for each exemption.  |   |
|                               | Basic furnit   | ture<br>nedule A/B: <b>6.1</b>   | \$200.00  | •                        | \$200.00   | 735 ILCS 5/12-1001(b)   |
| ı                             | Line Irom Scr  | ledule A/B. <b>U.1</b>   |   |                          | 100% of fair market value, up to any applicable statutory limit  |   |
|                               | Basic cloth  | ing<br>nedule A/B: 11.1  | \$100.00  | •                        | \$100.00   | 735 ILCS 5/12-1001(a)   |
|                               |  | 10ddio 77 B. 1111  |   |                          | 100% of fair market value, up to any applicable statutory limit  |   |
| (<br> <br> -                  | (Subject to ad<br>■ No   | ljustment on 4/01/19 and   | . ,   | ses fi                   | led on or after the date of adjustme   | ,   |

☐ Yes

|   | Document F                                   | Page 17 (        | of 49                             |  |                   |
|---|--|------------------|-----------------------------------|--|-------------------|
| Fill in this information to identify you  | ur case:                                     |                  |                                   |  |                   |
| Debtor 1 William Park   |  |                  |                                   |  |                   |
| First Name  | Middle Name L                                | Last Name        |                                   |  |                   |
| Debtor 2  |  |                  |                                   |  |                   |
| (Spouse if, filing) First Name  | Middle Name L                                | Last Name        |                                   |  |                   |
| United States Bankruptcy Court for the  | : NORTHERN DISTRICT OF ILLIN                 | IOIS             |                                   |  |                   |
| Officed States Bankruptcy Court for the   | . NORTHERN DISTRICT OF IEEIN                 | .013             |                                   |  |                   |
| Case number   |  |                  |                                   |  |                   |
| (if known)  |  |                  |                                   | ☐ Check                                | if this is an     |
|   |  |                  |                                   | amend                                  | led filing        |
| 0/// 1.5  |  |                  |                                   |  |                   |
| Official Form 106D  |  |                  |                                   |  |                   |
| Schedule D: Creditors   | Who Have Claims Se                           | ecured           | by Property                       | V                                      | 12/15             |
|   |  |                  | <u> </u>                          |  |                   |
| Be as complete and accurate as possible.<br>s needed, copy the Additional Page, fill it     |  |                  |                                   |  |                   |
| number (if known).  | out, number the entries, and attach it to    | inis ioini. On t | ne top of any addition            | iai pages, write your na               | ne and case       |
| 1. Do any creditors have claims secured b   | y your property?                             |                  |                                   |  |                   |
| ☐ No. Check this box and submit t   | his form to the court with your other so     | hedules. You     | have nothing else to              | o report on this form.                 |                   |
| ■ Yes. Fill in all of the information   | •  |                  |                                   |  |                   |
|   | below.                                       |                  |                                   |  |                   |
| Part 1: List All Secured Claims   |  |                  |                                   | 0.1                                    | 0.1.0             |
| 2. List all secured claims. If a creditor has   |  |                  | Column A                          | Column B                               | Column C          |
| for each claim. If more than one creditor had much as possible, list the claims in alphabet |  | Part 2. As       | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
|   | ical order according to the creditor's hame. |                  | value of collateral.              | claim                                  | If any            |
| 2.1 Consumer Portfolio Svc  | Describe the property that secures the       | claim:           | \$7,617.18                        | \$7,290.00                             | \$327.18          |
| Creditor's Name   | 2005 BMW SUV 100000 miles                    |                  |                                   |  |                   |
|   |  |                  |                                   |  |                   |
|   | As of the date you file, the claim is: Che   | eck all that     |                                   |  |                   |
| Po Box 57071  | apply.                                       | son all triat    |                                   |  |                   |
| Irvine, CA 92619  | Contingent                                   |                  |                                   |  |                   |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated                               |                  |                                   |  |                   |
|   | Disputed                                     |                  |                                   |  |                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.        |                  |                                   |  |                   |
| Debtor 1 only   | ☐ An agreement you made (such as mo          | rtgage or secur  | ed                                |  |                   |
| Debtor 2 only   | car loan)                                    |                  |                                   |  |                   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mecha    | anic's lien)     |                                   |  |                   |
| At least one of the debtors and another   | ☐ Judgment lien from a lawsuit               |                  |                                   |  |                   |
| ☐ Check if this claim relates to a  | Other (including a right to offset)          |                  |                                   |  |                   |
| community debt  |  |                  |                                   |  |                   |
| Opened  |  |                  |                                   |  |                   |
| 04/15 Last  |  |                  |                                   |  |                   |
| Active  |  |                  |                                   |  |                   |
| Date debt was incurred 5/02/17  | Last 4 digits of account number              | r 1935           |                                   |  |                   |
|   |  |                  |                                   |  |                   |
| 2.2 Loancare Servicing Ctr  | Describe the property that secures the       | claim:           | \$177,209.23                      | \$178,528.00                           | \$0.00            |
| Creditor's Name   | 201 Vernon Drive Bolingbrook                 | r, IL            |                                   |  |                   |
|   | 60440 Will County                            |                  |                                   |  |                   |
|   | As of the date you file, the claim is: Che   | eck all that     |                                   |  |                   |
| 3637 Sentara Way  | apply.                                       | sck all triat    |                                   |  |                   |
| Virginia Beach, VA 23452  | ☐ Contingent                                 |                  |                                   |  |                   |
| Number, Street, City, State & Zip Code  | Unliquidated                                 |                  |                                   |  |                   |
|   | Disputed                                     |                  |                                   |  |                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.        |                  |                                   |  |                   |
| Debtor 1 only   | An agreement you made (such as mo            | rtgage or secur  | ed                                |  |                   |
| Debtor 2 only   | car loan)                                    |                  |                                   |  |                   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mecha    | anic's lien)     |                                   |  |                   |
| ☐ At least one of the debtors and another   | ☐ Judgment lien from a lawsuit               |                  |                                   |  |                   |

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| Debtor 1 William Pa                        | ark                            | Case  | e number (if know)           |              |          |
|--|--------------------------------|---|------------------------------|--------------|----------|
| First Name                                 | Middle N                       | lame Last Name  |                              |              |          |
| ☐ Check if this claim recommunity debt     | elates to a                    | Other (including a right to offset)   |                              |              |          |
|  | Opened<br>12/15 Last<br>Active |   |                              |              |          |
| Date debt was incurred                     | 4/05/16                        | Last 4 digits of account number 3361  |                              |              |          |
| 2.3 Onemain                                |                                | Describe the property that secures the claim:   | \$3,721.11                   | \$3,730.00   | \$0.00   |
| Creditor's Name                            |                                | 2005 Jaguar J-Type 180000 miles   | Ψο,: = : : :                 | <del> </del> | Ψ0.00    |
|  |                                |   |                              |              |          |
| Po Box 1010                                |                                | As of the date you file, the claim is: Check all that apply.                              |                              |              |          |
| Evansville, IN                             | 47706                          | □ Contingent  |                              |              |          |
| Number, Street, City, S                    | State & Zip Code               | ☐ Unliquidated  |                              |              |          |
| Who owes the debt?                         | book one                       | ☐ Disputed  Nature of lien. Check all that apply.   |                              |              |          |
| ■ Debtor 1 only                            | frieck one.                    | ☐ An agreement you made (such as mortgage or secured                                      |                              |              |          |
| Debtor 2 only                              |                                | car loan)   |                              |              |          |
| Debtor 1 and Debtor 2                      | ? only                         | ☐ Statutory lien (such as tax lien, mechanic's lien)                                      |                              |              |          |
| ☐ At least one of the deb                  |                                | ☐ Judgment lien from a lawsuit  |                              |              |          |
| ☐ Check if this claim re<br>community debt | elates to a                    | Other (including a right to offset)   |                              |              |          |
|  | Opened<br>12/15 Last           |   |                              |              |          |
|  | Active                         |   |                              |              |          |
| Date debt was incurred                     | 5/05/17                        | Last 4 digits of account number 2748  |                              |              |          |
| 2.4 Wfds                                   |                                | Describe the property that secures the claim:   | \$25,448.77                  | \$25,291.00  | \$157.77 |
| Creditor's Name                            |                                | 2014 Lincoln MKS 64000 miles  |                              |              | ·        |
|  |                                |   |                              |              |          |
| Po Box 1697                                |                                | As of the date you file, the claim is: Check all that apply.                              |                              |              |          |
| Winterville, NO                            | 28590                          | ☐ Contingent  |                              |              |          |
| Number, Street, City, S                    | State & Zip Code               | Unliquidated  |                              |              |          |
| Who owes the debt?                         | hack one                       | ☐ Disputed  Nature of lien. Check all that apply.   |                              |              |          |
| ■ Debtor 1 only                            | nieck one.                     | ☐ An agreement you made (such as mortgage or secured                                      |                              |              |          |
| Debtor 2 only                              |                                | car loan)   |                              |              |          |
| Debtor 1 and Debtor 2                      | ? only                         | ☐ Statutory lien (such as tax lien, mechanic's lien)                                      |                              |              |          |
| ☐ At least one of the deb                  | otors and another              | ☐ Judgment lien from a lawsuit  |                              |              |          |
| Check if this claim re community debt      | elates to a                    | Other (including a right to offset)   |                              |              |          |
|  | Opened 2/22/16                 |   |                              |              |          |
|  | <b>Last Active</b>             |   |                              |              |          |
| Date debt was incurred                     | 4/20/17                        | Last 4 digits of account number 5955  |                              |              |          |
|  |                                |   |                              |              |          |
| Add the dollar value of                    |                                |   |                              | _            |          |
| Add the dollar value of                    | f your entries in C            | Column A on this page. Write that number here:  | \$213.996.29                 |              |          |
|  | of your form, add              | Column A on this page. Write that number here:<br>the dollar value totals from all pages. | \$213,996.29<br>\$213,996.29 | _            |          |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Debtor 1       | William Park  |             |           | Case number (if know)  |                     |
|----------------|---|-------------|-----------|--|---------------------|
|                | First Name  | Middle Name | Last Name |  |                     |
| La<br>Ba<br>36 | ame, Number, Street, City<br>akeview Loan Serv<br>ankruptcy Dept.<br>637 Sentara Way<br>irginia Beach, VA 2 | icing, LLC  |           | On which line in Part 1 did you enter  Last 4 digits of account number | the creditor? _2.2_ |

|  |   | Document   | Page  | 20 of 4                   | 49   |   |                                      |
|--|---|--|---|---------------------------|--|---|--------------------------------------|
| Fill in this infor   | mation to identify your case:   |  |   |                           |  |   |                                      |
| Debtor 1   | William Park  |  |   |                           |  |   |                                      |
| Dahtano  | First Name  | Middle Name  | Last Name                                     |                           |  |   |                                      |
| Debtor 2<br>(Spouse if, filing)  | First Name  | Middle Name  | Last Name                                     |                           |  |   |                                      |
| United States Ba   | ankruptcy Court for the: NOI  | RTHERN DISTRICT OF ILL   | LINOIS  |                           |  |   |                                      |
| _  |   |  |   |                           |  |   |                                      |
| Case number _ (if known)   |   |  |   |                           |  | ☐ Check                                       | if this is an                        |
|  |   |  |   |                           |  | _   | ded filing                           |
| Official Forr  | n 106E/E  |  |   |                           |  |   |                                      |
|  | F/F: Creditors Who  | Havo Uneocurod   | Claims  |                           |  |   | 12/15                                |
| Schedule G: Execu<br>Schedule D: Credit<br>eft. Attach the Col<br>name and case nu | tracts or unexpired leases that c<br>utory Contracts and Unexpired Li<br>tors Who Have Claims Secured b<br>ntinuation Page to this page. If yo<br>mber (if known).                            | eases (Official Form 106G). D<br>by Property. If more space is r<br>ou have no information to rep            | o not includ<br>needed, cop                   | le any cre<br>y the Par   | editors with partially s<br>t you need, fill it out, | secured claims that a<br>number the entries i | are listed in<br>In the boxes on the |
|  | ors have priority unsecured clair   |  |   |                           |  |   |                                      |
| □ No. Go to F  | • •   | ns against you:  |   |                           |  |   |                                      |
| Yes.   |   |  |   |                           |  |   |                                      |
| identify what ty<br>possible, list th<br>Part 1. If more                           | r priority unsecured claims. If a cape of claim it is. If a claim has both the claims in alphabetical order account than one creditor holds a particular ation of each type of claim, see the | priority and nonpriority amount<br>ording to the creditor's name. If<br>r claim, list the other creditors in | ts, list that cla<br>you have mo<br>n Part 3. | aim here a<br>ore than tw | and show both priority a                             | and nonpriority amoun                         | its. As much as                      |
|  |   |  |   |                           | Total claim  | Priority amount                               | Nonpriority<br>amount                |
|  | I Revenue Service   | Last 4 digits of accoun  | nt number                                     | 0393                      | \$6,176.68   | \$6,176.68                                    | \$0.0                                |
| •  | reditor's Name  | When was the debt inc  | curred?                                       |                           |  |   |                                      |
| Philade  | elphia, PA 19101-7346   |  | _   |                           |  | -   |                                      |
|  | Street City State ZIp Code  d the debt? Check one.  | As of the date you file  | , the claim is                                | s: Check a                | all that apply                                       |   |                                      |
| _  |   | ☐ Contingent   |   |                           |  |   |                                      |
| Debtor 1   | •   | ☐ Unliquidated   |   |                           |  |   |                                      |
| ☐ Debtor 2   | •   | ☐ Disputed   |   |                           |  |   |                                      |
|  | and Debtor 2 only   | Type of PRIORITY uns   |   | m:                        |  |   |                                      |
|  | ne of the debtors and another   | Domestic support of  |   |                           |  |   |                                      |
|  | this claim is for a community de  |  |   |                           | =  |   |                                      |
| _  | subject to offset?  | Claims for death or p  | personal inju                                 | ry while yo               | ou were intoxicated                                  |   |                                      |
| ■ No<br>□ Yes  |   | Other. Specify   | xes   |                           |  |   | -                                    |
| La res   |   | ta)  | AGS   |                           |  |   |                                      |
| Part 2: List A   | II of Your NONPRIORITY Und  | secured Claims   |   |                           |  |   |                                      |
| 3. Do any credit   | ors have nonpriority unsecured of   | claims against you?  |   |                           |  |   |                                      |
| ☐ No. You ha   | ive nothing to report in this part. Su  | bmit this form to the court with   | your other so                                 | chedules.                 |  |   |                                      |
| Yes.   |   |  |   |                           |  |   |                                      |
| 4. List all of you   | r nonpriority unsecured claims in   | n the alphabetical order of the  | e creditor w                                  | ho holds                  | each claim. If a credit                              | or has more than one                          | nonpriority                          |

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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|             | William Park                            | Case number (if know)   |          |
|-------------|---|---|----------|
|             | MITA Health Adventist Medical Ctr       | Last 4 digits of account number   | \$65.00  |
| PC          | D Box 9246<br>ak Brook, IL 60522        | When was the debt incurred?   |          |
| Nur         | mber Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply   |          |
|             | Debtor 1 only                           | ☐ Contingent  |          |
|             | Debtor 2 only                           | ☐ Unliquidated  |          |
|             | Debtor 1 and Debtor 2 only              | ☐ Disputed  |          |
|             | At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |          |
|             | Check if this claim is for a community  | ☐ Student loans   |          |
| dek<br>Is t | ot<br>he claim subject to offset?       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |          |
|             | No                                      | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|             | Yes                                     | Other. Specify  |          |
|             | edit Control Service                    | Last 4 digits of account number 3485  | \$0.00   |
|             | npriority Creditor's Name  5 Canton St  | When was the debt incurred? Opened 10/16  |          |
|             | orwood, MA 02062                        | When was the debt incurred? Opened 10/16  |          |
|             | mber Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply   |          |
| Wh          | o incurred the debt? Check one.         |   |          |
|             | Debtor 1 only                           | ☐ Contingent  |          |
|             | Debtor 2 only                           | ☐ Unliquidated  |          |
|             | Debtor 1 and Debtor 2 only              | ☐ Disputed  |          |
|             | At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |          |
|             | Check if this claim is for a community  | ☐ Student loans   |          |
| dek<br>Is t | ot<br>he claim subject to offset?       | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|             | No                                      | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|             | Yes                                     | ■ Other. Specify Insurance  |          |
|             | ottlieb Memorial Hospital               | Last 4 digits of account number 0018  | \$200.00 |
|             | npriority Creditor's Name               | When was the debt incurred?   |          |
|             | ) Box 74867<br>nicago, IL 60694-4867    | When was the dept incurred?   |          |
|             | mber Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply   |          |
| Wh          | o incurred the debt? Check one.         |   |          |
|             | Debtor 1 only                           | ☐ Contingent  |          |
|             | Debtor 2 only                           | ☐ Unliquidated  |          |
|             | Debtor 1 and Debtor 2 only              | ☐ Disputed  |          |
|             | At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |          |
|             | Check if this claim is for a community  | ☐ Student loans   |          |
| dek         |   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|             | No                                      | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|             | Yes                                     | Other. Specify  |          |

Document Page 22 of 49 Debtor 1 William Park Case number (if know)

| Northwest Collectors                      | Last 4 digits of account number 4784  |  |
|---|---|--|
| Nonpriority Creditor's Name               | <del></del>   |  |
| 3601 Algonquin Rd Ste 23                  | When was the debt incurred? Opened 12/15  |  |
| Rolling Meadows, IL 60008                 | _   |  |
| Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                     |  |
| Who incurred the debt? Check one.         |   |  |
| ■ Debtor 1 only                           | ☐ Contingent  |  |
| Debtor 2 only                             | ☐ Unliquidated  |  |
| Debtor 1 and Debtor 2 only                | ☐ Disputed  |  |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |  |
| debt                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not |  |
| Is the claim subject to offset?           | report as priority claims   |  |
| ■ No                                      | ☐ Debts to pension or profit-sharing plans, and other similar debts             |  |
| □Yes                                      | Collection Attorney Illinois Pathology  Associates                              |  |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Т        | otal Claim |
|-----------------------|-----|---|-----|----------|------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$       | 0.00       |
| Total                 |     |   |     | <u> </u> |            |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$       | 6,176.68   |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$       | 0.00       |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$       | 0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$       | 6,176.68   |
|                       | 6f. | Student loans   | 6f. |          | otal Claim |
| Total                 | ы.  | Student loans   | ы.  | \$       | 0.00       |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$       | 0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$       | 0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$       | 265.00     |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$       | 265.00     |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Fill in this infor  | rmation to identify your | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | William Park             |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| 1   | Person or | company with | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | <del>_</del>                            |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | <del>-</del>                            |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.2 | Oity      |              | Glate                 | 211 0000          |   |
| 2.2 |           |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     | Number    | Sireet       |                       |                   |   |
|     |           |              |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |   |
| 2.3 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | <del>_</del>                            |
|     |           |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.4 | U.I.J     |              |                       |                   |   |
| 2.4 |           |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     | Number    | Sireet       |                       |                   |   |
|     |           |              |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |   |
| 2.5 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | <del>_</del>                            |
|     |           |              |                       |                   |   |
|     |           |              |                       |                   | <u>_</u>                                |
|     | Number    | Street       |                       |                   |   |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
|     | ,         |              | 0.0.0                 | 0000              |   |

|                    |  | Docume  | ent Page 24 d                                 | or 49                   |   |
|--------------------|--|---|---|-------------------------|---|
| Fill in this       | information to identify your                                       | case:   |   |                         |   |
| Debtor 1           | William Daul   |   |   |                         |   |
| Depioi i           | William Park First Name  | Middle Name   | Last Name                                     |                         |   |
| Debtor 2           |  |   |   |                         |   |
| (Spouse if, filing | g) First Name  | Middle Name   | Last Name                                     |                         |   |
| United Stat        | es Bankruptcy Court for the:                                       | NORTHERN DISTRICT                                   | OF ILLINOIS                                   |                         |   |
| oou olul           | oo zama aptoy oo ant ion anoi                                      |   | 0   |                         |   |
| Case numb          | per  |   |   |                         |   |
| (if known)         |  |   |   |                         | Check if this is an   |
|                    |  |   |   |                         | amended filing  |
| Official           | Form 106H  |   |   |                         |   |
|                    |  | abtara  |   |                         |   |
| <u>Scnea</u>       | ule H: Your Cod  | eptors  |   |                         | 12/15   |
| Arizona  No. Yes.  |  | Nevada, New Mexico, Puuse, or legal equivalent live | e with you at the time?  spouse as a codebtor | ington, and Wisconsin.) | with you. List the person shown   |
| Form 1             |  |   |   |                         | e creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
| -                  | Column 1: Your codebtor<br>lame, Number, Street, City, State and Z | D. Codo   |   |                         | ditor to whom you owe the debt  |
| IN                 | iamo, Number, Onest, Ony, State and 2                              | 1 0000  |   | Check all schedules     | ь шасарріу.   |
| 3.1                |  |   |   | ☐ Schedule D, line      |   |
|                    | Name   |   |   | □ Schedule E/F, lir     | <br>ne  |
|                    |  |   |   | ☐ Schedule G, line      |   |
|                    | Number Street  |   |   | _                       |   |
|                    | City   | State   | ZIP Code                                      |                         |   |
|                    |  |   |   |                         |   |
| 2.0                |  |   |   | Oshida Bir              |   |
| 3.2                | Name   |   |   | Schedule D, line        |   |
| ,                  |  |   |   | ☐ Schedule E/F, lin     |   |
|                    |  |   |   | ☐ Schedule G, line      |   |
|                    | Number Street  | _   |   | _                       |   |
| C                  | City   | State   | ZIP Code                                      |                         |   |

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| E-111              |  |   |   |                     |                | •                                 |                              |                                    |                 |
|--------------------|--|---|---|---------------------|----------------|-----------------------------------|------------------------------|------------------------------------|-----------------|
|                    | in this information to identify your btor 1 William Pa   |   |   |                     |                |                                   |                              |                                    |                 |
| Del                | btor 2  buse, if filing)   |   |   |                     | _              |                                   |                              |                                    |                 |
|                    | ited States Bankruptcy Court for th  | e: NORTHERN DISTRIC   | CT OF ILLINOIS                                      |                     |                |                                   |                              |                                    |                 |
| (If kr             | se number<br>nown)   |   | -   |                     |                |                                   | nded filing<br>ement showi   | ng postpetition<br>following date: |                 |
|                    | fficial Form 106I<br>chedule I: Your Inc   |   |   |                     |                | MM / D                            | D/ YYYY                      |                                    |                 |
| sup<br>spo<br>atta | as complete and accurate as posphyling correct information. If you use. If you are separated and you che a separate sheet to this form the complex of the co | u are married and not fili<br>ur spouse is not filing w<br>. On the top of any additi | ng jointly, and your<br>ith you, do not inclu       | spouse<br>ide infor | is liv<br>mati | ring with you, i<br>on about your | nclude infor<br>spouse. If m | mation about<br>ore space is       | your<br>needed, |
| 1.                 | Fill in your employment information.   |   | Debtor 1  |                     |                | Debt                              | or 2 or non-f                | filing spouse                      |                 |
|                    | If you have more than one job, attach a separate page with information about additional  | Employment status   | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                     |                |                                   | mployed<br>ot employed       |                                    |                 |
|                    | employers.   | Occupation  | Driver  |                     |                |                                   |                              |                                    |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name   | JKS Limousine                                       | s LLC               |                |                                   |                              |                                    |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address  | 2801 S. 25th Av<br>Broadview, IL 6                  |                     |                |                                   |                              |                                    |                 |
|                    |  | How long employed t   | here? 18 mor  | nths                |                |                                   |                              |                                    |                 |
| Pai                | ct 2: Give Details About Mo  | onthly Income   |   |                     |                |                                   |                              |                                    |                 |
|                    | mate monthly income as of the use unless you are separated.  | date you file this form. If   | you have nothing to r                               | eport for           | any            | line, write \$0 in                | the space. In                | nclude your no                     | n-filing        |
|                    | ou or your non-filing spouse have n<br>e space, attach a separate sheet t  |   | ombine the informatio                               | on for all          | empl           | oyers for that p                  | erson on the I               | lines below. If                    | you need        |
|                    |  |   |   |                     |                | For Debtor 1                      |                              | ebtor 2 or<br>ling spouse          |                 |
| 2.                 | List monthly gross wages, sal deductions). If not paid monthly   |   |   | 2.                  | \$             | 3,417.                            | <u>64</u> \$                 | N/A                                |                 |
| 3.                 | Estimate and list monthly over   | time pay.   |   | 3.                  | +\$            | 0.                                | <u>)0    </u> +\$  _         | N/A                                |                 |
| 4.                 | Calculate gross Income. Add  | ine 2 + line 3.   |   | 4.                  | \$             | 3,417.64                          | \$                           | N/A                                |                 |

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| Debt | or 1               | William Park   | -        |            | Case r | number ( <i>if k</i>                    | nown)        |           |            |                  |                 |
|------|--------------------|--|----------|------------|--------|---|--------------|-----------|------------|------------------|-----------------|
|      |                    |  |          |            | For    | Debtor 1                                |              |           | r Debtor   |                  |                 |
|      | Cor                | by line 4 here   | 4.       |            | \$     | 3,41                                    | 7.64         | \$        | n-filing s | N/A              |                 |
| _    |                    |  |          |            | _      |   |              | -         |            |                  | -               |
| 5.   |                    | t all payroll deductions:  | -        |            | Φ.     |   |              | Φ.        |            |                  |                 |
|      | 5a.<br>5b.         | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans   | 5a<br>5b |            | \$     |   | 9.25<br>0.00 | \$_<br>\$ |            | N/A<br>N/A       | _               |
|      | 5c.                | Voluntary contributions for retirement plans   | 50       |            | \$<br> |   | 0.00         | \$-       |            | N/A<br>N/A       | _               |
|      | 5d.                | Required repayments of retirement fund loans   | 50       |            | \$     |   | 0.00         | \$        |            | N/A              | _               |
|      | 5e.                | Insurance  | 56       |            | \$-    |   | 0.00         | \$        |            | N/A              | _               |
|      | 5f.                | Domestic support obligations   | 5f       |            | \$     |   | 0.00         | \$        |            | N/A              | _               |
|      | 5g.                | Union dues   | 50       | g.         | \$     | (                                       | 0.00         | \$        |            | N/A              | =               |
|      | 5h.                | Other deductions. Specify:   | _ 5h     | า.+        | \$     |   | 0.00         | + \$      |            | N/A              | -<br>-          |
| 6.   | Add                | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       |            | \$     | 83                                      | 9.25         | \$_       |            | N/A              | _               |
| 7.   | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       |            | \$     | 2,57                                    | 8.39         | \$_       |            | N/A              | _               |
| 8.   | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |          |            |        |   |              |           |            |                  |                 |
|      |                    | monthly net income.  | 88       |            | \$     |   | 0.00         | \$_       |            | N/A              | _               |
|      | 8b.                | Interest and dividends   | 8b       | ٥.         | \$     |   | 0.00         | \$_       |            | N/A              | _               |
|      | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80       | <b>C</b> . | \$     | (                                       | 0.00         | \$_       |            | N/A              | _               |
|      | 8d.                | Unemployment compensation  | 80       | d.         | \$     | (                                       | 0.00         | \$        |            | N/A              | _               |
|      | 8e.                | Social Security  | 86       | €.         | \$     | 1,94                                    | 6.00         | \$        |            | N/A              | _               |
|      | 8f.<br>8g.         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f<br>8g |            | \$     | 1,31                                    | 0.00<br>1.00 | \$_<br>\$ |            | N/A<br>N/A       | _               |
|      | 8h.                | Other monthly income. Specify:   | _ 8h     | า.+        | \$     | (                                       | 0.00         | + \$      |            | N/A              | -<br>-          |
| 9.   | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       |            | \$     | 3,25                                    | 7.00         | \$_       |            | N/A              | A               |
| 10.  | Cal                | culate monthly income. Add line 7 + line 9.  | 10.      | \$         | 5      | 5,835.39                                | + \$         |           | N/A        | = \$             | 5,835.39        |
|      |                    | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          |            |        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              |           |            |                  | -,              |
| 11.  | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not ecify:                            | depe     |            |        | •                                       |              | -         | Schedule   | e J.<br>+\$      | 0.00            |
| 12.  |                    | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies   |          |            |        |   |              |           | e.<br>12.  | \$               | 5,835.39        |
| 13.  | Do                 | you expect an increase or decrease within the year after you file this form  | ?        |            |        |   |              |           |            | Combin<br>monthl | ned<br>y income |
|      |                    | No. Yes Explain:   |          |            |        |   |              |           |            |                  |                 |

Official Form 106I Schedule I: Your Income page 2

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| Fill i       | n this informa                 | ition to identify yo                  | our <u>çase:</u> |   |                       |                 |                   |   |
|--------------|--------------------------------|---------------------------------------|------------------|---|-----------------------|-----------------|-------------------|---|
| Debt         |                                | William Park                          |                  |   |                       |                 | c if this is:     |   |
| Debt         |                                |                                       |                  |   |                       |                 | A supplement show | ving postpetition chapter the following date: |
| ``           | use, if filing)                |                                       |                  |   |                       | _               |                   | ine following date:                           |
| Unite        | ed States Bankr                | ruptcy Court for the                  | : NORTH          | IERN DISTRICT OF ILLIN  | OIS                   | N               | MM / DD / YYYY    |   |
| 1            | e number<br>nown)              |                                       |                  |   |                       |                 |                   |   |
|              |                                | rm 106J                               |                  |   |                       |                 |                   |   |
|              |                                | J: Your                               |                  |   |                       |                 |                   | 12/1  |
| info         | rmation. If m                  |                                       | eded, atta       | If two married people and the character is the character sheet to this n. |                       |                 |                   |   |
| Part         |                                | ribe Your House                       | hold             |   |                       |                 |                   |   |
| 1.           | Is this a joir                 |                                       |                  |   |                       |                 |                   |   |
|              |                                |                                       | in a separ       | ate household?  |                       |                 |                   |   |
|              | □ м                            |                                       | •                |   |                       |                 |                   |   |
|              | ΠY                             | es. Debtor 2 mus                      | st file Offici   | al Form 106J-2, <i>Expenses</i>   | s for Separate House  | ehold of Debto  | or 2.             |   |
| 2.           | Do you have                    | e dependents?                         | ■ No             |   |                       |                 |                   |   |
|              | Do not list D<br>Debtor 2.     | ebtor 1 and                           | ☐ Yes.           | Fill out this information for each dependent                              | Dependent's relati    |                 | Dependent's age   | Does dependent live with you?                 |
|              | Do not state                   |                                       |                  |   |                       |                 |                   | □ No  |
|              | dependents                     | names.                                |                  |   |                       |                 |                   | ☐ Yes<br>☐ No                                 |
|              |                                |                                       |                  |   |                       |                 |                   | ☐ Yes   |
|              |                                |                                       |                  |   |                       |                 |                   | □ No  |
|              |                                |                                       |                  |   |                       |                 |                   | ☐ Yes   |
|              |                                |                                       |                  |   |                       |                 |                   | □ No  |
| 3.           | Do your exp                    | oenses include                        |                  | No  |                       |                 |                   | ☐ Yes   |
|              | expenses o                     | f people other t<br>d your depende    | han $_{f \Box}$  | Yes   |                       |                 |                   |   |
| Part         | 2: Estim                       | ate Your Ongoi                        | na Monthi        | v Expenses  |                       |                 |                   |   |
| Esti<br>expe | mate your ex                   | cpenses as of y                       | our bankr        | uptcy filing date unless y<br>y is filed. If this is a supp               |                       |                 |                   |   |
|              | •                              | •                                     |                  | government assistance i   | •                     |                 |                   |   |
|              | value of sucl<br>icial Form 10 |                                       | d have inc       | eluded it on <i>Schedule I:</i> \   | Your Income           |                 | Your expe         | enses   |
| 4.           |                                | or home owners<br>and any rent for th |                  | ses for your residence. I<br>r lot.                                       | nclude first mortgage | e<br>4. \$      |                   | 1,400.80                                      |
|              | If not includ                  | led in line 4:                        |                  |   |                       |                 |                   |   |
|              | 4a. Real e                     | estate taxes                          |                  |   |                       | 4a. \$          |                   | 0.00  |
|              | •                              | rty, homeowner's                      |                  |   |                       | 4b. \$          |                   | 0.00  |
|              |                                |                                       |                  | ipkeep expenses   |                       | 4c. \$          |                   | 100.00  |
| 5.           |                                | owner's associate                     |                  | dominium dues<br>our residence, such as ho                                | me equity loans       | 4d. \$<br>5. \$ |                   | 0.00  |
|              |                                |                                       |                  |   |                       | σ. ψ            |                   | U100  |

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| Deb         | tor 1  | William F     | Park   | Case nu                     | mb         | per (if known)  |                             |
|-------------|--------|---------------|--|-----------------------------|------------|-----------------|-----------------------------|
| 6.          | Utilit | ies:          |  |                             |            |                 |                             |
| -           | 6a.    |               | heat, natural gas  | 6a                          | ì.         | \$              | 350.00                      |
|             | 6b.    | Water, sev    | ver, garbage collection  | 6b                          | ).         | \$              | 70.00                       |
|             | 6c.    | Telephone     | , cell phone, Internet, satellite, and cable services  | 60                          | <b>)</b> . | \$              | 250.00                      |
|             | 6d.    | Other. Spe    | ecify:   | 60                          | i.         | \$              | 0.00                        |
| 7.          | Food   | and house     | ekeeping supplies  |                             | <b>7</b> . | \$              | 250.00                      |
| 8.          | Child  | dcare and c   | hildren's education costs  | 8                           | 3.         | \$              | 0.00                        |
| 9.          | Cloth  | hing, laundr  | ry, and dry cleaning   | 9                           | ).         | \$              | 10.00                       |
| 10.         | Pers   | onal care p   | roducts and services   | 10                          | ).         | \$              | 30.00                       |
| 11.         | Medi   | ical and der  | ntal expenses  | 11                          |            | \$              | 20.00                       |
| 12.         |        |               | Include gas, maintenance, bus or train fare.   |                             |            |                 |                             |
|             |        |               | ar payments.   | 12                          | 2.         | \$              | 500.00                      |
| 13.         | Ente   | rtainment, d  | clubs, recreation, newspapers, magazines, and b  | ooks 13                     | 3.         | \$              | 0.00                        |
| 14.         | Char   | ritable contr | ributions and religious donations  | 14                          | ŀ.         | \$              | 20.00                       |
| 15.         |        | rance.        |  |                             |            |                 |                             |
|             |        |               | surance deducted from your pay or included in lines  |                             |            |                 |                             |
|             |        | Life insura   |  | 15a                         |            |                 | 0.00                        |
|             | 15b.   | Health insu   | urance   | 15b                         |            |                 | 0.00                        |
|             |        | Vehicle ins   |  | 150                         |            | ·               | 234.00                      |
|             |        |               | rance. Specify:  | 15c                         | ı.         | \$              | 0.00                        |
| 16.         |        |               | clude taxes deducted from your pay or included in lir  |                             |            |                 |                             |
|             | Spec   | ·             |  | 16                          | ò.         | \$              | 0.00                        |
| 17.         |        |               | ease payments:   | 47-                         |            | Φ.              | 0.00                        |
|             |        |               | ents for Vehicle 1   | 17a                         |            | •               | 0.00                        |
|             |        |               | ents for Vehicle 2   | 17b                         |            |                 | 0.00                        |
|             |        | Other. Spe    | -  |                             |            |                 | 0.00                        |
|             |        | Other. Spe    |  | 170                         | i.         | \$              | 0.00                        |
| 18.         |        |               | of alimony, maintenance, and support that you d  |                             | ì          | \$              | 0.00                        |
| 10          |        |               | our pay on line 5, Schedule I, Your Income (Office you make to support others who do not live with             | nai i 01111 1001).          | ,.         | \$              | 0.00                        |
| 15.         | Spec   |               | you make to support others who do not live with  | 1 <b>you.</b><br>19         | <b>.</b>   | Ψ               | 0.00                        |
| 20.         |        | ·             | erty expenses not included in lines 4 or 5 of this   |                             |            | ur Income       |                             |
| 20.         |        |               | on other property  | 20a                         |            |                 | 0.00                        |
|             |        | Real estate   |  | 20b                         |            |                 | 0.00                        |
|             |        |               | nomeowner's, or renter's insurance   | 200                         |            |                 | 0.00                        |
|             |        |               | ce, repair, and upkeep expenses  | 200                         |            |                 | 0.00                        |
|             |        |               | er's association or condominium dues   | 206                         |            |                 | 0.00                        |
| 21.         |        | r: Specify:   | Emergency Fund   |                             |            | +\$             | 1,265.00                    |
| ۷٠.         | Otilo  | Opcony.       | Linergency i und   |                             | ٠,         | -Ψ              | 1,203.00                    |
| 22.         |        | •             | monthly expenses   |                             |            |                 |                             |
|             | 22a.   | Add lines 4   | through 21.  |                             |            | \$              | 4,499.80                    |
|             | 22b.   | Copy line 22  | 2 (monthly expenses for Debtor 2), if any, from Offici   | al Form 106J-2              |            | \$              |                             |
|             | 22c.   | Add line 22a  | a and 22b. The result is your monthly expenses.  |                             |            | \$              | 4,499.80                    |
|             |        |               |  |                             | L          | -               | <u> </u>                    |
| 23.         |        | -             | nonthly net income.  | 20                          |            | •               |                             |
|             |        | . ,           | 12 (your combined monthly income) from Schedule I  |                             |            |                 | 5,835.39                    |
|             | 23b.   | Copy your     | monthly expenses from line 22c above.  | 23b                         | ).         | -\$             | 4,499.80                    |
|             | 23c.   | Subtract vo   | our monthly expenses from your monthly income.   |                             |            |                 |                             |
|             | _00.   |               | is your monthly net income.  | 230                         | ).         | \$              | 1,335.59                    |
| 24          | D      |               | un incuración de desencia in como como con contrato de   | the year often year file () | :-         | farm ?          |                             |
| <b>∠</b> 4. |        |               | In increase or decrease in your expenses within u expect to finish paying for your car loan within the year or |                             |            |                 | se or decrease because of a |
|             |        |               | terms of your mortgage?  | ao you expect your mortgage | - P        | aymont to morea | oo o, doorease because or a |
|             | ■ No   |               |  |                             |            |                 |                             |
|             |        |               | Explain here:  |                             |            |                 |                             |
|             |        | <b>∵</b> ∂.   | Explain floro.   |                             |            |                 |                             |

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| Fill in this infor                  | mation to identify your                                | case:                    |                            |  |                                |
|-------------------------------------|--|--------------------------|----------------------------|--|--------------------------------|
| Debtor 1                            | William Park   |                          |                            |  |                                |
| Dahtano                             | First Name   | Middle Name              | Last Name                  |  |                                |
| Debtor 2<br>(Spouse if, filing)     | First Name   | Middle Name              | Last Name                  | <del></del>  |                                |
| United States Ba                    | ankruptcy Court for the:                               | NORTHERN DISTRICT        | OF ILLINOIS                |  |                                |
| Case number                         |  |                          |                            |  |                                |
| (if known)                          |  |                          |                            |  | k if this is an<br>nded filing |
|                                     | tion About a   | an Individual            |                            |  | 12/15                          |
| obtaining mone<br>years, or both. 1 | y or property by fraud in<br>18 U.S.C. §§ 152, 1341, 1 | n connection with a bank |                            | i. Making a false statement, concealii<br>in fines up to \$250,000, or imprisonm |                                |
| 519                                 | ın Below   |                          |                            |  |                                |
| Did you pa                          | ay or agree to pay some                                | one who is NOT an attor  | ney to help you fill out b | pankruptcy forms?  |                                |
| ■ No                                |  |                          |                            |  |                                |
| ☐ Yes.                              | Name of person   |                          |                            | Attach Bankruptcy Petition F Declaration, and Signature (                        |                                |
|                                     | alty of perjury, I declare<br>re true and correct.     | that I have read the sum | mary and schedules file    | ed with this declaration and   |                                |
| X /s/ Wil                           | lliam Park   |                          | X                          |  |                                |
|                                     | m Park<br>ure of Debtor 1                              |                          | Signature of               | Debtor 2   |                                |
| Date                                | January 25, 2018                                       |                          | Date                       |  |                                |

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| Fill in           | this inform   | nation to identify you                     | r case:                             |   |   |                                    |
|-------------------|---------------|--|-------------------------------------|---|---|------------------------------------|
| Debtor            | 1             | William Park                               |                                     |   |   |                                    |
| Dobtor            | . 0           | First Name                                 | Middle Name                         | Last Name   |   |                                    |
| Debtor<br>(Spouse |               | First Name                                 | Middle Name                         | Last Name   |   |                                    |
| United            | States Bar    | nkruptcy Court for the:                    | NORTHERN DISTRICT (                 | OF ILLINOIS   |   |                                    |
| C000 m            |               |  |                                     |   |   |                                    |
| (if known         | number _      |  |                                     |   |   | theck if this is an mended filing  |
| ~ ((;             | =             | 407  |                                     |   |   |                                    |
|                   |               | <u>m 107</u>                               | A ( ( ) ( )                         |   |   |                                    |
| State             | ement         | of Financial                               | Attairs for Individ                 | duals Filing for B  | ankruptcy   | 4/10                               |
|                   |               |  |                                     |   | equally responsible for sup additional pages, write you |                                    |
|                   |               | i). Answer every que                       |                                     | uns form. On the top of any   | additional pages, write you                             | ii iiaiiie aiiu case               |
| Part 1:           | Give D        | etails About Your Ma                       | arital Status and Where You         | ı Lived Before  |   |                                    |
|                   |               |  |                                     |   |   |                                    |
| . <b>v</b> vi     | iiat is your  | current marital statu                      | 1 <b>5</b> t                        |   |   |                                    |
|                   | Married       |  |                                     |   |   |                                    |
|                   | Not mar       | ried                                       |                                     |   |   |                                    |
| 2. Du             | uring the la  | st 3 years, have you                       | lived anywhere other than           | where you live now?   |   |                                    |
|                   | No            |  |                                     |   |   |                                    |
|                   |               | t all of the places you I                  | ived in the last 3 years. Do no     | ot include where you live now   | <i>'</i> .  |                                    |
| D                 | ebtor 1 Pri   | or Address:                                | Dates Debtor 1 lived there          | Debtor 2 Prior Ad   | dress:  | Dates Debtor 2<br>lived there      |
| 3. Wi             | ithin the la  | st 8 years, did you ev                     | ver live with a spouse or leg       | gal equivalent in a commun  | ity property state or territory                         | ? (Community property              |
| states a          | and territori | es include Arizona, Ca                     | lifornia, Idaho, Louisiana, Ne      | vada, New Mexico, Puerto R  | co, Texas, Washington and W                             | /isconsin.)                        |
|                   | No            |  |                                     |   |   |                                    |
|                   | Yes. Ma       | ke sure you fill out <i>Scl</i>            | nedule H: Your Codebtors (O         | fficial Form 106H).   |   |                                    |
| Part 2            | Evolai        | n the Sources of You                       | r Income                            |   |   |                                    |
| I ait 2           | LAPIGI        | Title Cources of Tou                       | i ilicollic                         |   |   |                                    |
| Fil               | I in the tota | I amount of income yo                      | u received from all jobs and a      | ng a business during this yeall businesses, including parte<br>together, list it only once ur |   | ndar years?                        |
|                   | No            |  |                                     |   |   |                                    |
|                   |               | in the details.                            |                                     |   |   |                                    |
|                   |               |  | Debtor 1                            |   | Debtor 2  |                                    |
|                   |               |  | Sources of income                   | Gross income  | Sources of income                                       | Gross income                       |
|                   |               |  | Check all that apply.               | (before deductions and exclusions)  | Check all that apply.                                   | (before deductions and exclusions) |
|                   |               | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$1,855.00  | ☐ Wages, commissions, bonuses, tips                     |                                    |
|                   |               |  | ☐ Operating a business              |   | ☐ Operating a business                                  |                                    |

Official Form 107

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Debtor 1 William Park Page 31 of 49

Case number (if known)

|  | Debtor 1                                   |   | Debtor 2                                   |   |  |
|--|--|---|--|---|--|
|  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |
| For last calendar year:<br>(January 1 to December 31, 2017)          | ■ Wages, commissions, bonuses, tips        | \$40,251.00   | ☐ Wages, commissions, bonuses, tips        |   |  |
|  | ☐ Operating a business                     |   | ☐ Operating a business                     |   |  |
| For the calendar year before that: (January 1 to December 31, 2016 ) | ■ Wages, commissions, bonuses, tips        | \$42,341.00   | ☐ Wages, commissions, bonuses, tips        |   |  |
|  | ☐ Operating a business                     |   | ☐ Operating a business                     |   |  |

#### 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

| the date you filed for bankruptcy:  Pension  \$1,371.81  For last calendar year: (January 1 to December 31, 2017)  Pension  \$16,462.00  For the calendar year before that:  \$24,603.00 |   | Debtor 1     |                                       | Debtor 2 |                    |  |  |
|--|---|--------------|---------------------------------------|----------|--------------------|--|--|
| the date you filed for bankruptcy:    Pension   \$1,371.81   |   |              | each source<br>(before deductions and |          | (before deductions |  |  |
| For last calendar year: (January 1 to December 31, 2017)  Pension  \$16,462.00  For the calendar year before that: (January 1 to December 31, 2016)  \$24,603.00                         | From January 1 of current year until the date you filed for bankruptcy: |              | \$2,057.00                            |          |                    |  |  |
| (January 1 to December 31, 2017)  Pension \$16,462.00  For the calendar year before that: (January 1 to December 31, 2016)  \$24,603.00  |   | Pension      | \$1,371.81                            |          |                    |  |  |
| For the calendar year before that: SSI Benefits \$24,603.00 (January 1 to December 31, 2016)   | For last calendar year:<br>(January 1 to December 31, 2017)             | SSI Benefits | \$24,603.00                           |          |                    |  |  |
| (January 1 to December 31, 2016)   |   | Pension      | \$16,462.00                           |          |                    |  |  |
| Pension \$16,462.00  | For the calendar year before that: (January 1 to December 31, 2016)     | SSI Benefits | \$24,603.00                           |          |                    |  |  |
|  |   | Pension      | \$16,462.00                           |          |                    |  |  |

#### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

□ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

☐ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Case 18-02141 Doc 1 Filed 01/25/18 Entered 01/25/18 11:31:41 Desc Main Page 32 of 49 Document Debtor 1 William Park Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount vou Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you Include creditor's name paid still owe Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No

П Yes

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Case number (if known) Document Debtor 1 William Park

| Pai | rt 5: List Certain Gifts and Contributions   |   |   |                           |  |  |  |  |  |  |
|-----|--|---|---|---------------------------|--|--|--|--|--|--|
| 13. | <ul> <li>Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?</li> <li>■ No</li> <li>□ Yes. Fill in the details for each gift.</li> </ul>  |   |   |                           |  |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts  | Dates you gave the gifts                | Value                     |  |  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |   |   |                           |  |  |  |  |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  Yes. Fill in the details for each gift or contribution.   |   |   |                           |  |  |  |  |  |  |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   | Describe what you contributed   | Dates you contributed                   | Value                     |  |  |  |  |  |  |
| Pa  | rt 6: List Certain Losses  |   |   |                           |  |  |  |  |  |  |
| 15. | Within 1 year before you filed for bankruptcy or gambling?  No Yes. Fill in the details.   | or since you filed for bankruptcy, did you lose any   | rthing because of the                   | t, fire, other disaster,  |  |  |  |  |  |  |
|     | Describe the property you lost and how the loss occurred lncl  | scribe any insurance coverage for the loss ude the amount that insurance has paid. List pending urance claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property<br>lost |  |  |  |  |  |  |
| Pai | rt 7: List Certain Payments or Transfers   |   |   |                           |  |  |  |  |  |  |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |   |   |                           |  |  |  |  |  |  |
|     | □ No   |   |   |                           |  |  |  |  |  |  |
|     | Yes. Fill in the details.  |   |   |                           |  |  |  |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |  |  |  |  |  |  |
|     | Law Offices Of Matthew R. Wildermuth<br>1900 West 75th Street<br>Woodridge, IL   | Attorney Fees   | 06/2017                                 | \$750.00                  |  |  |  |  |  |  |
|     | Money Sharp, Inc.<br>1916 N. Fairfield Avenue<br>Suite 200<br>Chicago, IL 60647<br>www.moneysharp.org  | Credit counseling course  |   | \$10.00                   |  |  |  |  |  |  |
|     | Credit Infonet<br>CIN Legal Data Services<br>4540 Honeywell Ct<br>Dayton, OH 45424<br>www.cinlegal.com   | Credit report   |   | \$23.00                   |  |  |  |  |  |  |

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|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and value of any transferred                                      | property          | Date payment or transfer was made       | Amount of payment             |  |  |  |  |  |  |
|-----|---|---|-------------------|---|-------------------------------|--|--|--|--|--|--|
|     | Law Offices Of Matthew R. Wildermuth<br>1900 West 75th Street<br>Woodridge, IL 60517  | Attorney Fees   |                   | 12/2017                                 | \$100.00                      |  |  |  |  |  |  |
|     | Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors on the promised to help you deal with your creditors on the promise and payment or transfer that you lis                           | or to make payments to your cre   |                   | or transfer any proper                  | ty to anyone who              |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                   |   |                               |  |  |  |  |  |  |
|     | Person Who Was Paid<br>Address  | Description and value of any transferred                                      | property          | Date payment or transfer was            | Amount of payment             |  |  |  |  |  |  |
|     |   |   |                   | made                                    |                               |  |  |  |  |  |  |
|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?                  |   |                   |   |                               |  |  |  |  |  |  |
| i   | Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No |   |                   |   |                               |  |  |  |  |  |  |
|     | Yes. Fill in the details.  Person Who Received Transfer   | Description and value of  | Describe          | any property or                         | Date transfer was             |  |  |  |  |  |  |
|     | Address property transferred payments received or debts made paid in exchange  Person's relationship to you   |   |                   |   |                               |  |  |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No                   |   |                   |   |                               |  |  |  |  |  |  |
|     | <ul><li>☐ Yes. Fill in the details.</li><li>Name of trust</li><li>Description and value of the property transferred</li></ul>   |   |                   |   |                               |  |  |  |  |  |  |
|     |   | Docomption and value of the   | property transfer |   | Date Transfer was made        |  |  |  |  |  |  |
| Par | 8: List of Certain Financial Accounts, Instru   | ments, Safe Deposit Boxes, and  | d Storage Units   |   |                               |  |  |  |  |  |  |
|     | Within 1 year before you filed for bankruptcy, w<br>sold, moved, or transferred?  | vere any financial accounts or i  | nstruments held   | in your name, or for yo                 | ur benefit, closed,           |  |  |  |  |  |  |
|     | Include checking, savings, money market, or or houses, pension funds, cooperatives, associated No  Yes, Fill in the details.  |   |                   | shares in banks, credit                 | unions, brokerage             |  |  |  |  |  |  |
|     |   | st 4 digits of Type of a  | ccount or D       | ate account was                         | Last balance                  |  |  |  |  |  |  |
|     |   | count number instrumer  | nt c              | losed, sold,<br>noved, or<br>ransferred | before closing or<br>transfer |  |  |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?  | before you filed for bankruptc  | y, any safe depos | sit box or other deposit                | tory for securities,          |  |  |  |  |  |  |
|     | ■ No  |   |                   |   |                               |  |  |  |  |  |  |
|     | Yes. Fill in the details.   |   |                   |   |                               |  |  |  |  |  |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the      | e contents                              | Do you still have it?         |  |  |  |  |  |  |

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| 22.  | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  |  |                       |
|------|---|--|--|-----------------------|
|      | ■ No □ Yes. Fill in the details.  |  |  |                       |
|      | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                    | Do you still have it? |
| Par  | 9: Identify Property You Hold or Control for S  | Someone Else   |  |                       |
| 23.  | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  |  |  |                       |
|      | ■ No<br>□ Yes. Fill in the details.   |  |  |                       |
|      | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                    | Value                 |
| Par  | 10: Give Details About Environmental Informa  | ation  |  |                       |
| For  | he purpose of Part 10, the following definitions  | apply:   |  |                       |
|      | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |  |                       |
|      | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used<br>o own, operate, or utilize it, including disposal sites.  |  |  |                       |
|      | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.   |  |  |                       |
| Rep  | ort all notices, releases, and proceedings that yo  | ou know about, regardless of who   | en they occurred.                        |                       |
| 24.  | Has any governmental unit notified you that you   | ı may be liable or potentially liab  | le under or in violation of an environme | ntal law?             |
|      | ■ No □ Yes. Fill in the details.  |  |  |                       |
|      | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code)             | Environmental law, if you know it        | Date of notice        |
| 25.  | Have you notified any governmental unit of any release of hazardous material?   |  |  |                       |
|      | ■ No □ Yes. Fill in the details.  |  |  |                       |
|      | Name of site Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State a ZIP Code)                   | Environmental law, if you know it        | Date of notice        |
| 26.  | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |  |  |                       |
|      | ■ No □ Yes. Fill in the details.  |  |  |                       |
|      | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)              | Nature of the case                       | Status of the case    |
| Par  | 11: Give Details About Your Business or Con   | nections to Any Business   |  |                       |
| 27.  | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  |  |  |                       |
|      | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |  |  |                       |
|      | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |  |                       |
| Ott: | 1 = 10 =  | f Financial Affaira for Individuals Fili-  | a a far Bankrumtau                       |                       |

Case 18-02141 Doc 1 Filed 01/25/18 Entered 01/25/18 11:31:41 Page 36 of 49 Document William Park Case number (if known) Debtor 1 ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ William Park William Park Signature of Debtor 2 Signature of Debtor 1 Date Date January 25, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

■ No
□ Yes

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - The Debtor is best served when Debtor's counsel is able to maintain solvency and fluid business operation. Debtor's advance payment as income allows for continued attorney functioning and requisite representation.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$100.00 toward the flat fee, leaving a balance due of \$3,900.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:                                 |                            |
|---------------------------------------|----------------------------|
| Signed:                               |                            |
| /s/ William Park                      | /s/ Matthew C. Baysinger   |
| William Park                          | Matthew C. Baysinger       |
|                                       | Attorney for the Debtor(s) |
| Debtor(s)                             |                            |
| Do not sign this agreement if the amo | ounts are blank.           |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In r | e William Park   |   |   |   |  | Case I  | No.                |                    |                    |
|------|--|---|---|---|--|---|--------------------|--------------------|--------------------|
|      | -  |   |   |   | Debtor(s)  | Chapte  | er                 | 13                 |                    |
|      | DI   | SCL   | OSURE OF CO   | OMPENSATIO  | N OF ATTO  | RNEY FOR  | DE                 | BTOR(S)            |                    |
| 1.   | compensation paid  | to me v   | 29(a) and Fed. Bankr<br>within one year before<br>the debtor(s) in conten   | e the filing of the pet   | ition in bankrupte   | y, or agreed to be p  | aid t              | o me, for service  |                    |
|      | For legal servi  | ces, I h  | nave agreed to accept   |   |  | \$  |                    | 4,000.00           |                    |
|      | Prior to the fili  | ng of t   | this statement I have r   | received  |  | \$  |                    | 100.00             |                    |
|      | Balance Due  |   |   |   |  | \$  |                    | 3,900.00           |                    |
| 2.   | The source of the co   | ompen   | sation paid to me was   | s:  |  |   |                    |                    |                    |
|      | Debtor   |   | Other (specify):  |   |  |   |                    |                    |                    |
| 3.   | The source of comp   | ensatio   | on to be paid to me is:   | ::  |  |   |                    |                    |                    |
|      | ■ Debtor   |   | Other (specify):  |   |  |   |                    |                    |                    |
| 4.   | ■ I have not agree   | ed to sl  | hare the above-disclos  | sed compensation wi   | th any other perso   | n unless they are n   | nemb               | ers and associate  | es of my law firm. |
|      |  |   | the above-disclosed of<br>t, together with a list of  |   |  |   |                    |                    | ny law firm. A     |
| 5.   | In return for the ab   | ove-dis   | sclosed fee, I have agr   | reed to render legal s  | ervice for all aspe  | cts of the bankrupt   | су са              | se, including:     |                    |
|      | <ul> <li>b. Preparation and</li> <li>c. Representation of</li> <li>d. Representation of</li> <li>e. [Other provision Negotiation reaffirms]</li> </ul> | filing of the constant of the | 's financial situation, a<br>of any petition, sched<br>debtor at the meeting of<br>debtor in adversary preeded]<br>with secured credit<br>agreements and ap | dules, statement of aff<br>of creditors and conf<br>roceedings and other<br>tors to reduce to replications as nee | airs and plan which<br>irmation hearing,<br>contested bankrup<br>market value; ex<br>ded; preparatio | ch may be required<br>and any adjourned<br>otcy matters;<br>xemption planni | l;<br>hear<br>ing; | ings thereof;      | nd filing of       |
| 6.   | By agreement with  | the del   | btor(s), the above-disc   | closed fee does not in  | nclude the following   | ng service:   |                    |                    |                    |
|      |  |   |   | CERTIF  | ICATION  |   |                    |                    |                    |
| this | I certify that the for bankruptcy proceedi   |   | g is a complete stateme   | nent of any agreement   | or arrangement fo  | or payment to me f  | or re              | presentation of th | ne debtor(s) in    |
|      | January 25, 2018   |   |   | ,   | s/ Matthew C. E  | Bavsinger   |                    |                    |                    |
|      | Date   |   |   |   | Matthew C. Bay   | singer  |                    |                    |                    |
|      |  |   |   |   | Signature of Attorn  | ney<br>Matthew R. Wild  | lerm               | uth                |                    |
|      |  |   |   | 1   | 1900 West 75th   | Street  |                    | <del></del>        |                    |
|      |  |   |   |   | Noodridge, IL 6  | 0517  |                    |                    |                    |
|      |  |   |   |   | <b>630) 967-0653</b> Name of law firm  |   |                    |                    |                    |

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#### United States Bankruptcy Court Northern District of Illinois

| In re | William Park |                        | Case No.          |    |    |
|-------|--------------|------------------------|-------------------|----|----|
|       |              | Debtor(s)              | Chapter           | 13 |    |
|       |              |                        |                   |    |    |
|       |              |                        |                   |    |    |
|       |              | VERIFICATION OF CREDIT | OD MATDIV         |    |    |
|       |              | VERIFICATION OF CREDIT | OK MATKIA         |    |    |
|       |              |                        |                   |    |    |
|       |              | Num                    | ber of Creditors: |    | 10 |

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

AMITA Health Adventist Medical Ctr PO Box 9246 Oak Brook, IL 60522

Consumer Portfolio Svc Po Box 57071 Irvine, CA 92619

Credit Control Service 725 Canton St Norwood, MA 02062

Gottlieb Memorial Hospital PO Box 74867 Chicago, IL 60694-4867

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Lakeview Loan Servicing, LLC Bankruptcy Dept. 3637 Sentara Way Virginia Beach, VA 23452

Loancare Servicing Ctr 3637 Sentara Way Virginia Beach, VA 23452

Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008

Onemain
Po Box 1010
Evansville, IN 47706

Wfds Po Box 1697 Winterville, NC 28590